a total of 243 non-medical scientists working in the Ministry/DGHS are to be given time-bound promotion and other allowances ;

(b) if so, the number of non-medical scientists who have been promoted so far;

(c) whether it is also a fact that Government have agreed to give in-situ promotion to the officers having Ph.D. in Sociology and MPH;

(d) if so, whether these officers have been promoted stating the date of their promotion ; and

(e) if the answer to part above be in the negative, what are the reasons therefor ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) The benefit of time-bound in-situ promotions is to be given to all eligible incumbents of the nonmedical Scientists/Technical posts covered by the Minister of Health (Group 'A' Gazetted Non-Medical Scientific and Technical posts) in-situ promotions Rules, 1990.

(b) 75 non-medical scientists have been promoted till date.

(c) to (e) The cases are decided according to the In-situ Promotion Rules, on a case to case basis in consultation with Union Public Service Commission.

Child Mortality

4678. SYED SIBTEY RAZI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that nearly half of the World's child mortality is contributed by five Asia-Pacific region countries led by India

(b) whether it is a fact that the deaths of over 32 children per 1000 take place in India;

(c) if so, what are the reasons therefor ;

(d) whether this high rate of child mortality in the country in some States is due to ignorance, illiteracy, poverty and lack of health facilities;

(e) if so, what are the details thereof with names of these States;

(f) whether Government propose to take some measures to check this high rate of child mortality in future ; and

(g) if so, the details thereof and if not, the reasons therefor ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKAR ANAND) : (a) and (b) According to UNICEF, it is true that half of the World's Child Mortality is contributed by five Asia-Pacific region countries. As per SRS the estimated child mortality in India in 1991 was 26.5 per thousand children in the age group 0-4 yeans.

(c) and (d) Disease, lack of infrastructure, poverty and mal-nutrition are the main reasons for the high levels of child mortality.

(e) The estimated child mortality rates for India and major States for the year 1991 is given in statement enclosed (see below).

(f) and (g) Immunization, management of diarrhoea and pneumonia, prophylaxis, of anaemia and Vitamin A deficiency, iodine deficiency control programme, promotion of breastfeeding, supplementary nutrition programmes, birth spacing and strengthening of antenatal, and postnatal care are being implemented to reduce mortality rates in children.

Statement

Estimated death rate for children aged 0—4 *years for lndia and Major States,* 1991.

India/ Major States	Child death rate 0—4 years (per thousand population) 0—4 years
India	26 5*
Andhra Pradesh	21.3
Assam	32.4
Bihar	22.8
Gujarat	23.3
Haryana	23.0
Himachal Pradesh	19.3
Karnataka	23.6
Kerala	4.3
Madhya Pradesh	44.5
Maharashtra	16.3
Orissa	39.0
Punjab	17.0
Rajasthan	30.9
Tamilnadu	16.1
Uttar Pradesh	35.6
West Bengal	20.6

*Excludes estimates of Jammu & Kashmir

Source : Sample Registration System

Infection of AIDS to Doctors Treating AIDS Patients

4679. SYED SIBTEY RAZI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether attention of Government has been drawn to the observations made by an India born U.S. Surgeon clarifying that Doctors have little risk of acquiring AIDS from infected patients, and as such, patients should not be refused for treat ment ;

(b) whether these clarifications have been given during series of lectures deli vered at prestigious medical centres of the country during the last week of March, 1994:

(c) whether these observations have further been publicised in. some columns of Press on 27th March, 1994 to remove apprehension of Doctor community of the country;

(d) whether Government propose to take some action issuing some instructions in this regard to fight this dreadful disease on war-footing; and

(e) if so, what are the detail's thereof antl if not, the reasons therefor?

THE MINISTER QF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) to (c) Yes, Sir.

(d) and (e) Comprehensive guideliner were issued by the Government as far back as 29th April, 1992. Opportunity is also taken from time to time to emphasise and clarify these points during the training, and- reorientation programmes for physicians.